

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

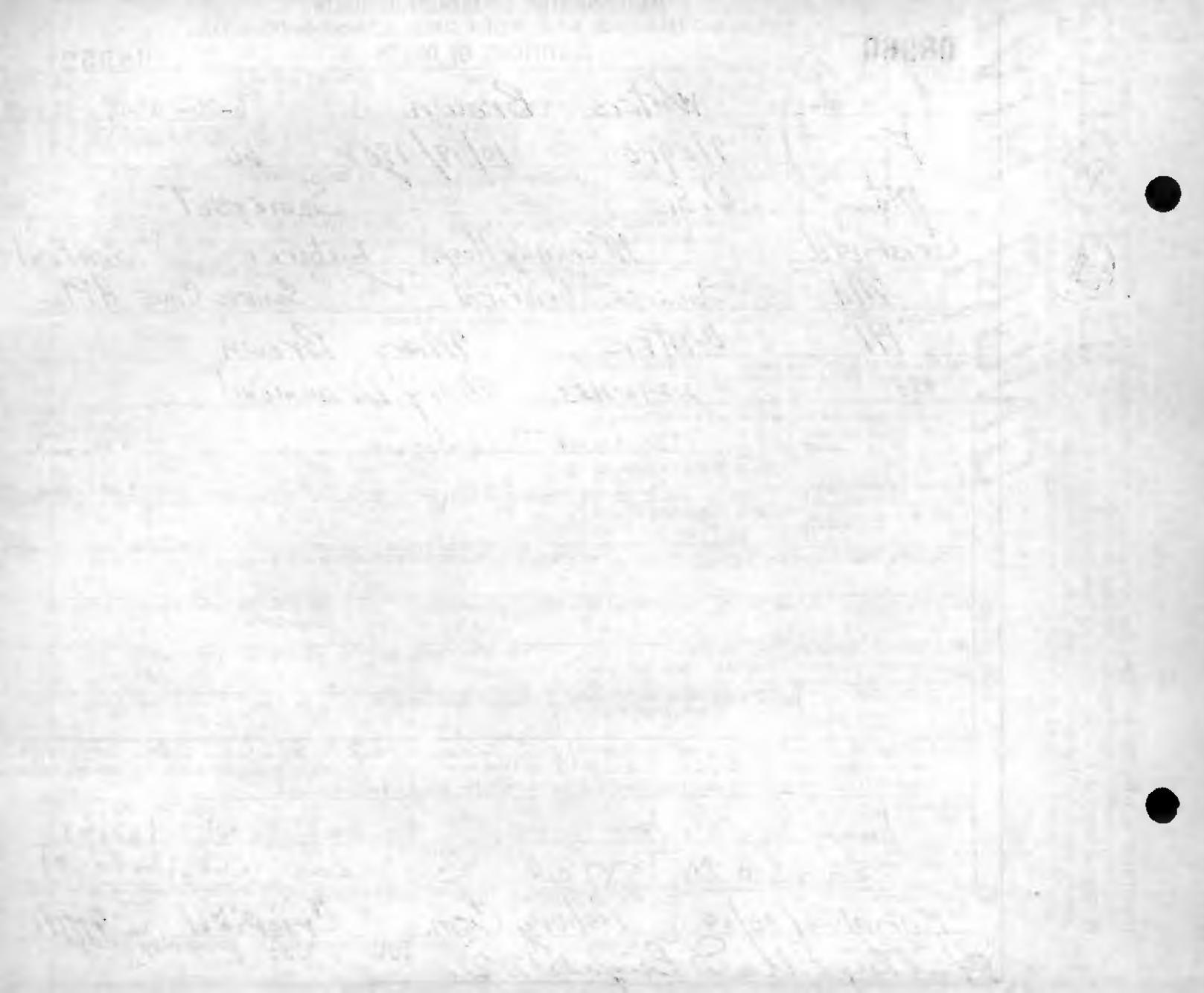
CERTIFICATE OF DEATH

08952

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper, pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)		First Melba	Middle Waters	Last Brown	2a. DATE OF DEATH Month 6-26-1969	Day Year 1969	2b. HOUR 4:14 PM
3. SEX F		4. RACE Negro	5. DATE OF BIRTH 10/19/1908		6. AGE (In years last birthday) 60 yrs.		IF UNDER 1 YEAR MONTHS IF UNDER 24 HRS HOURS MIN
7a. BIRTHPLACE (State or foreign country) Md.		7b. CITIZEN OF WHAT COUNTRY? U.S.	8. MARRIED WIDOWED NEVER MARRIED DIVORCED		9. COUNTY OF DEATH Somerset		Md.
10. CITY OR TOWN OF DEATH Crisfield		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) McCrindly Hosp.		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) LABORER		12b. KIND OF BUSINESS OR INDUSTRY SeaFood	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md		13b. COUNTY Somerset	13c. CITY OR TOWN Crisfield		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER Somers Cove Apts.	
14. FATHER'S NAME Al		Middle WATERS	15. MOTHER'S MAIDEN NAME Mary Brown		Middle Address		Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, unknown No		16b. SOCIAL SECURITY NO. 212-16-1133		17. INFORMANT Mary Drummond		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 month	
IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) <u>malignant Hypertension</u> DUE TO, OR AS A CONSEQUENCE OF (c)							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town	County
22a. I certify that (I) (this hospital) attended the deceased from 5/26, 1969, to 6/26, 1969, that (I) (we) last saw the deceased alive on 6/26, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. <u>1 hr. before death</u>							
22b. SIGNATURE Sarah M. Peyton		DEGREE ATTENDING PHYS.	22c. DATE SIGNED 6/27/69				
22d. PHYSICIAN'S NAME (Type) SARAH M. PEYTON		22e. ADDRESS 33 W. Main - Crisfield, Md.					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/30/69	23c. NAME OF CEMETERY OR CREMATORIAL Asbury Cemetery		23d. LOCATION (City or Town) Crisfield		(County) Maryland
24. FUNERAL DIRECTOR Anthony E. Ward Fairfield MD.		ADDRESS		25a. JUL BY REGISTRAR 2 JUL 1969		25b. REGISTRAR SIGNATURE	
				DATE			



08961

Item 23 Film 444 7/1/69 kk

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

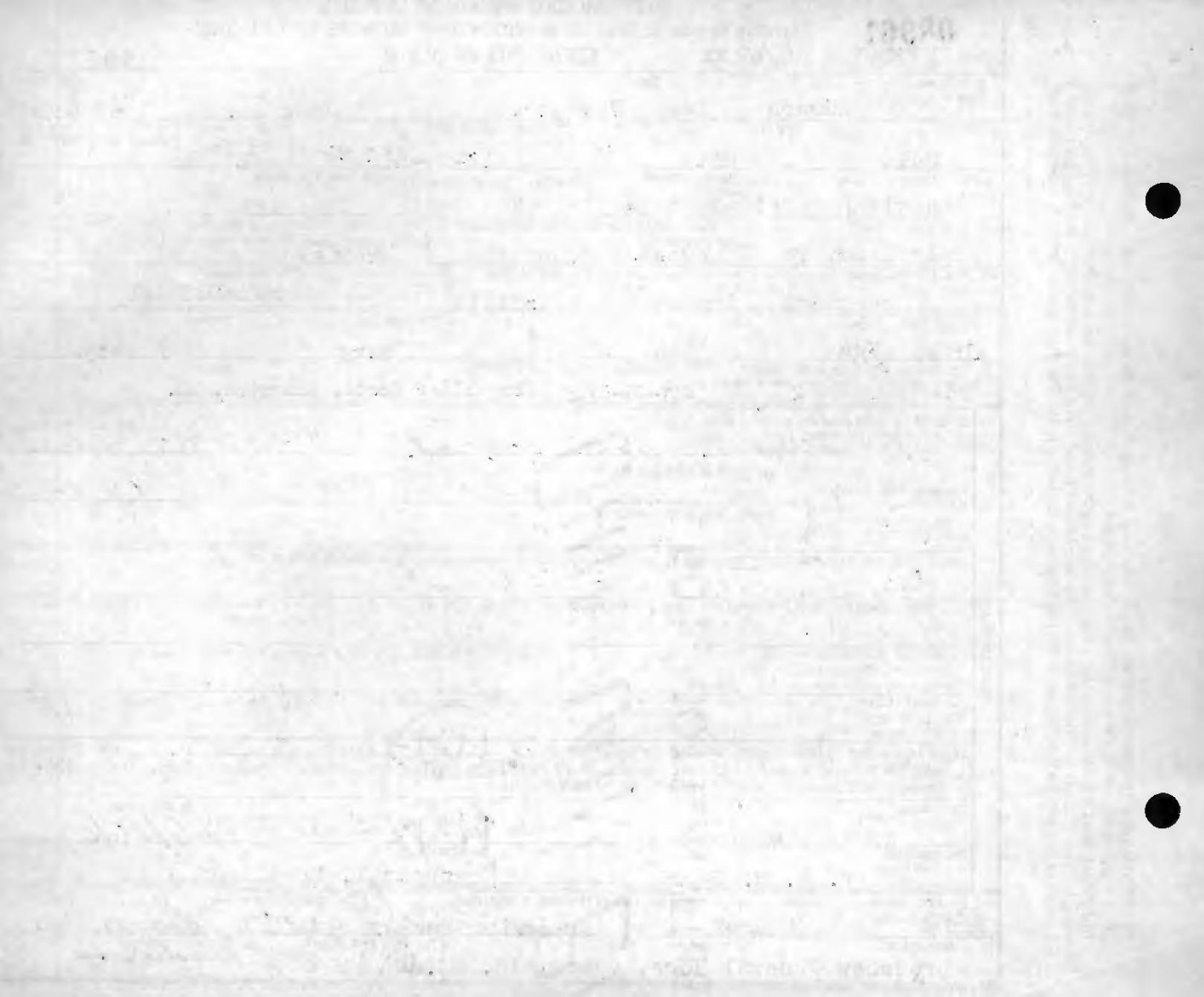
CERTIFICATE OF DEATH

08953

1. DECEASED-NAME (Type or print)	First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR P M.
Edward Lee Charnick				June 11, 1969	8:40
3. SEX	4. RACE	5. DATE OF BIRTH		6. AGE (in years lost birthday)	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.
Male	White	10-01-87 1896		72 yrs.	
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Somerset		
7c. STATE	7d. COUNTY	10. CITY OR TOWN OF DEATH Crisfield, Md	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) McCreedy Memorial	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Retired	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Somerset	13c. CITY OR TOWN Crisfield	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER Crisfield Hotel	
14. FATHER'S NAME Alonzo W. Charnick	15. MOTHER'S MAIDEN NAME Mary				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	16b. SOCIAL SECURITY NO. WW 2	17. INFORMANT Mary Ellen Scott, Kingston, Md.	Address Horsey		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Aortic Myocarditis</i> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 48 days 4 hours 10 days					
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Pneumonia</i>					
DUE TO, OR AS A CONSEQUENCE OF (c)					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>Emphysema, onset unknown.</i>					
19a. MEDICAL CERTIFICATION DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <i>June 9, 1969</i> , to <i>June 14, 1969</i> , that (I) (we) last saw the deceased alive on <i>June 14, 1969</i> and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <i>A. N. Barr</i>	DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED <i>6/12/69</i>	
22d. PHYSICIAN'S NAME (Type) Dr. A. N. Barr	22e. ADDRESS Hopewell, Maryland				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/17/1969	23c. NAME OF CEMETERY OR CREMATORIAL American Legion Cemetery	23d. LOCATION (City or Town) Crisfield	(County) Somerset	(State) Md.
24. FUNERAL DIRECTOR Bradshaw Funeral Home, Crisfield, Md.	ADDRESS Bradshaw Funeral Home, Crisfield, Md.	25a. REC'D BY REGISTRAR JUN 19 1969	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper pages 1 and 2 and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil ~~in Part~~ 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm P.M. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

08962

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08954

1. DECEASED-NAME (Type or Print)		First CHARLES	Middle WESLEY	Lost	20. DATE KNOWN OF ESTI- DEATH MATED <input checked="" type="checkbox"/>	Month June	Day 14	Year 1969	2b. HOUR 10:10P
3. SEX Male	4. RACE White	S. DATE OF BIRTH May 30, 1952	6. AGE (in years last birthday) 17 YRS	IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS DAYS 0	HOURS 00	2c. DATE PRONOUNCED DEAD Month June		
7a. BIRTHPLACE (State or foreign country) Crisfield		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/>	NEVER MARRIED <input checked="" type="checkbox"/>	WIDOWED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Somerset	
10. CITY OR TOWN OF DEATH Crisfield		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Crisfield City Jail		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY None			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Somerset	13c. CITY OR TOWN Crisfield	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13e. STREET AND NUMBER 208 Cove St.				
14. FATHER'S NAME First Charles		Middle Wesley	Lost Cox, III	15. MOTHER'S MAIDEN NAME First Connie	Middle Fae	Lost Mason			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16b. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT Charles Wesley Cox, III, Same as 13. abcde		ADDRESS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Strangulation due to hanging							
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. 953 X		DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)							
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
19a. MEDICAL CERTIFICATION		19b. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR AM 10:10 AM		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.) Self-inflicted hanging while in jail.					
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) City Jail		21f. LOCATION Street or R.F.D. No. Broadway		City or Town Crisfield	County Som. Md.	State	
22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input checked="" type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>									
ACTUAL SIGNATURE <i>C. G. Rawley</i>		CHIEF MEDICAL EXAMINER <input type="checkbox"/>							
EXAMINER'S NAME (Type) C. G. Rawley, M. D.		M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>							
EXAMINER'S NAME (Type) C. G. Rawley, M. D.		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 19, 1969		23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery		23d. LOCATION (City or Town) Crisfield, Somerset, Md.		(County) (State)	
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. 21817		ADDRESS		25a. REC'D BY REGISTRAR JUN 23 1969		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>			

2000



FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office, Oldham form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

08963

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08955

1. DECEASED-NAME (Type or Print)			First	Middle	Last	20. DATE KNOWN OF ESTI- DEATH MATED	Month Day Year	2b. HOUR	
			ROBERT	FULTON	ELLIOTT	<input checked="" type="checkbox"/>	June 20 1969	4 P.M.	
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (in years lost birthday) 25 YRS.	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS DAYS HOURS MIN.	2c. DATE PRONOUNCED DEAD Month Day Year	2d. HOUR		
Male	White	May 22, 1944				June 22 1969	10:30		
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH			
Maryland		USA				Somerset			
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY	
RFD Marion			Big Annessex River			Boat Building		Boat	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE			13b. COUNTY		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
Maryland			Somerset		Marion	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	RFD #1		
14. FATHER'S NAME			First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle	Last
Grover A. B.					Elliott	Catherine	-		Lewis
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16b. SOCIAL SECURITY NO.			17. INFORMANT	ADDRESS		
NO			None 217-42-5563			Mrs. Catherine Elliott, Same as 13. abcde			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental drowning APPROXIMATE INTERVAL Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. BETWEEN ONSET AND DEATH 910.9 Minutes									
DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
19a. MEDICAL CERTIFICATION			19b. DATE OF OPERATION			19c. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY?
									YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month, Day, Year HOUR:MIN 4 P.M. 6/20/1969			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/> AT WORK			21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Big Annessex River			21f. LOCATION Street or R.F.D. No. RFD			City or Town Marion
									County Som. Md.
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>									
ACTUAL SIGNATURE <i>C. G. Rawley</i>						CHIEF MEDICAL EXAMINER <input type="checkbox"/>			
EXAMINER'S NAME (Type)			C. G. Rawley, M. D.			ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			22b. DATE SIGNED 6/24/69
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE Burial June 24, 1969			23c. NAME OF CEMETERY OR CREMATORIUM St. Paul's Cemetery			23d. LOCATION (City or Town) Marion, Somerset, Md.
									(County) (State)
24. FUNERAL DIRECTOR			ADDRESS Bradshaw & Sons, Grisfield, Md. 21817			25a. RECD BY REGISTRAR JUN 26 1969			25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>

2992

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08956

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.**Page 4 may be retained by the hospital or attending physician.**
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First Augustus	Middle Forbush	Last Forbush	2a. DATE OF DEATH Month June	Day 12	Year 1969	2b. HOUR A 6:55	
3. SEX Male	4. RACE White	5. DATE OF BIRTH 3-20-1892		6. AGE (In years last birthday) 77	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. DAYS		
7a. BIRTHPLACE (State or foreign country) Virginia	7b. CITIZEN OF WHAT COUNTRY? United States	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF DEATH Somerset				
10. CITY OR TOWN OF DEATH Crisfield,	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) McCready Mem.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Waterman				12b. KIND OF BUSINESS OR INDUSTRY seafood		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Somerset	13c. CITY OR TOWN Crisfield	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER Hall Highway				
14. FATHER'S NAME First Augustus	Middle Forbush	Last Forbush	15. MOTHER'S MAIDEN NAME Susan Sherman					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 214-32-6988	17. INFORMANT Leland Forbush, Crisfield, Md.				Address		
IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial infarction</i> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 days <i>4109</i> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.								
(b) DUE TO, OR AS A CONSEQUENCE OF (c)								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.	City or Town	County	State	
22a. I certify that (I) This hospital attended the deceased from <i>8</i> , 19 <i>67</i> , to <i>6-12</i> , 19 <i>69</i> , that (I) (we) last saw the deceased alive on <i>6-11</i> 19 <i>69</i> , and that in my (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE <i>James A. Sterling MD</i>		ATTENDING PHYS.		<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED <i>6-13-69</i>		
22d. PHYSICIAN'S NAME (Type) James A. Sterling, MD.		22e. ADDRESS Main St., Crisfield, Md. 21817						
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JUNE 15, 1969		23c. NAME OF CEMETERY OR CREMATORIAL CRISFIELD CEMETERY		23d. LOCATION (City or Town) CRISFIELD - SOMERSET - MD.	(County) (State)	
24. FUNERAL DIRECTOR ADDRESS BRADSHAW & SONS - CRISFIELD, Md.				25a. REC'D BY REGISTRAR DATE JUN 19 1969		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		

125000 100000 90000 80000 70000 60000

50000 40000 30000 20000 10000

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single frequency band

X

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08965

08957

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

1. DECEASED NAME (Type or print)	First <i>John</i>	Middle <i>W.</i>	Last <i>HORNER</i>	2a. DATE OF DEATH Month <i>6</i>	Day <i>4</i>	Year <i>69</i>	2b. HOUR <i>12:55 P.M.</i>
3. SEX <i>M.</i>	4. RACE <i>white</i>	5. DATE OF BIRTH <i>4-13-1892</i>		6. AGE (In years last birthday) <i>77 yrs.</i>		IF UNDER 1 YEAR MONTHS DAYS	
7a. BIRTHPLACE (State or foreign country) <i>Maryland</i>		7b. CITIZEN OF WHAT COUNTRY? <i>U. States</i>		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH <i>SOMERSET</i>	
10. CITY OR TOWN OF DEATH <i>CRISFIELD</i>		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <i>McCreadys</i>		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) <i>Crisfield</i>		12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution Reside before admission) STATE <i>Md.</i>		13c. CITY OR TOWN <i>SOMERSET</i>		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER <i>7 Burton Ave., Crisfield, Md.</i>	
14. FATHER'S NAME <i>Wesley</i>	First <i>Wesley</i>	Middle <i>Horners</i>	Last <i>Carrie</i>	15. MOTHER'S M AIDEN NAME First <i>Carrie</i>		Middle <i>Dixie</i>	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <i>No</i>	16b. SOCIAL SECURITY NO. <i>578-07-2864</i>		17. INFORMANT <i>ALDINE SEARS</i>		Address <i>Crisfield, Md.</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Osteoarthritis Pneumonia</i> DUE TO, OR AS A CONSEQUENCE OF (b) <i>Pulmonary Edema</i> DUE TO, OR AS A CONSEQUENCE OF (c) <i>congestive Heart Failure</i> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>							
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause <i>Anemia cause not determined</i> <i>4 days</i>							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I <i>2 years</i>							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify med cal examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)			
21d. INJURY OCCURRED While Not while at work at work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State			
22a. I certify that (I) (this hospital) attended the deceased from <i>5-31</i> , 19 <i>69</i> , to <i>6-4</i> , 19 <i>69</i> , that (I) (we) last saw the deceased alive on <i>6-4</i> , 19 <i>69</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE <i>James A. Sterling</i>		DEGREE <i>MD</i>	ATTENDING PHYS. <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> STAFF PHYS <input type="checkbox"/>	22c. DATE SIGNED <i>6-6-69</i>			
22d. PHYSICIAN'S NAME (Type) <i>James A. Sterling</i>		22e. ADDRESS <i>Main St., Crisfield, Md.</i>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>June 7, 1969</i>		23c. NAME OF CEMETERY OR CREMATORIAL <i>Sunnyridge Cemetery</i>		23d. LOCATION (City or Town) <i>Crisfield, Somerset, Md.</i>	
24. FUNERAL DIRECTOR <i>Bradshaw & Sons, Crisfield, Md. 21817</i>		ADDRESS		25a. REC'D BY REGISTRAR <i>JUN 9 1969</i>		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	



CERTIFICATE OF DEATH

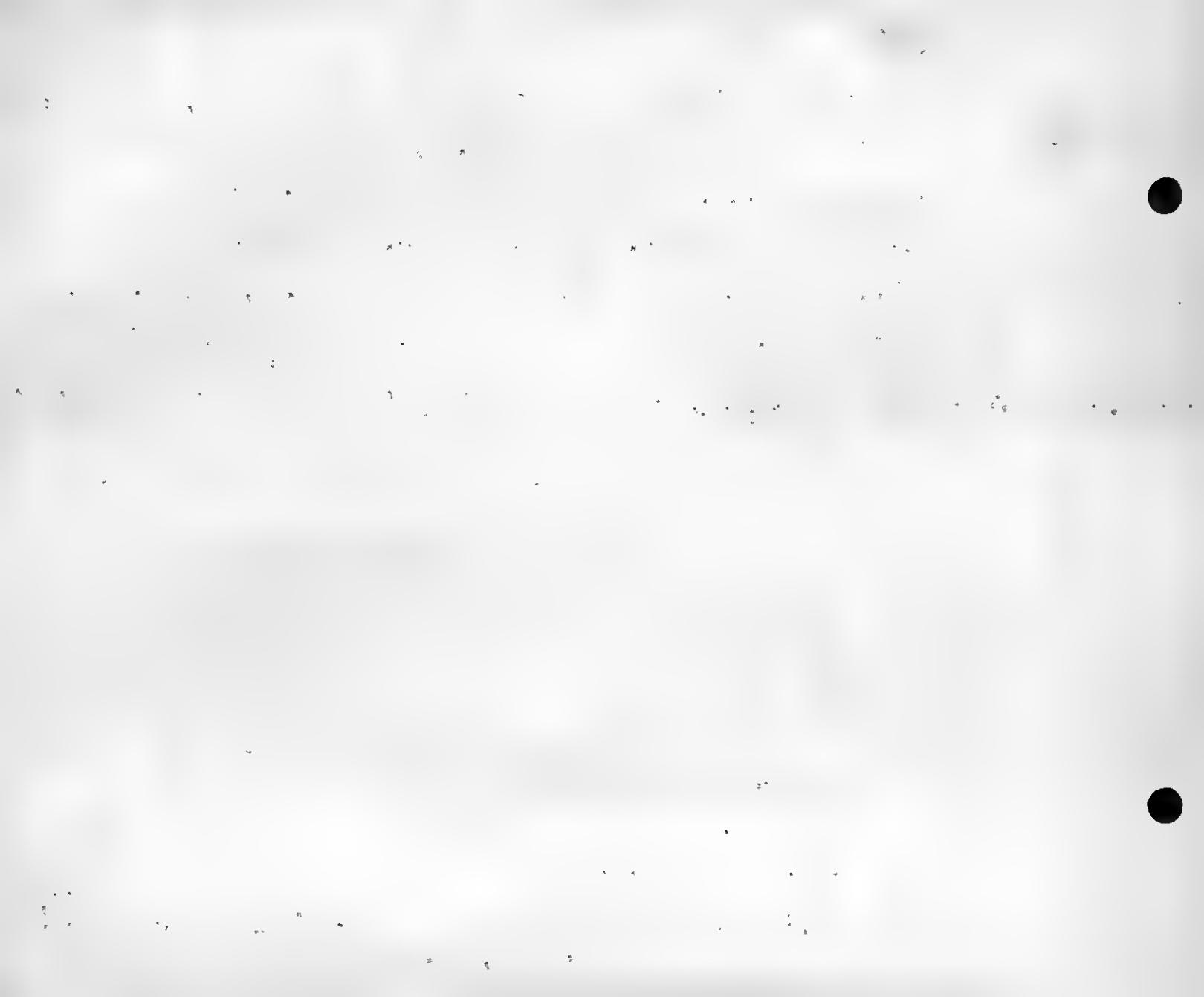
08958

1. DECEASED-NAME (Type or print) Sallie Elizabeth Jones				First Middle Last	2a. DATE OF DEATH Month Day Year June 13, 1969	2b. HOUR 2:30 P.M.
3. SEX Female		4. RACE White		S DATE OF BIRTH Oct. 3, 1881	6. AGE (In years last birthday) 87 YRS.	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.		8. MARRIED WIDOWED	9. COUNTY OF DEATH Somerset	
10. CITY OR TOWN OF DEATH Crisfield		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Alice B. Tawes Nursing		12a. USUAL OCCUPATION (Kind of work done during most recent year if retired) Housewife	12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution- Residence before admission) STATE Md.		13c. CITY OR TOWN Somerset, Princess Anne		13d. INSIDE CITY LIMITS? NO	13e. STREET AND NUMBER Rt. #1, Box 253	
14. FATHER'S NAME John		Middle P.	Last Mason	15. MOTHER'S MAIDEN NAME Dona		Middle Dashiell Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)		16b. SOCIAL SECURITY NO		17. INFORMANT Louis Jones, RFD #1, Princess Anne, Md.	Box 253 Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary edema DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b) Cardiac decompensation DUE TO, OR AS A CONSEQUENCE OF (c) Myocarditis chronic						
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Hours						
Weeks						
Years						
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)						
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from April 1, 1969, to 6/13/1969, that (I) (we) last saw the deceased alive on 6/12/1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.						
22b. SIGNATURE <i>C. G. Rawley</i>		DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/>	MED DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 6/13/69	
22d. PHYSICIAN'S NAME (Type) C. G. Rawley, M.D.		22e. ADDRESS Crisfield, Maryland				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/15/1969	23c. NAME OF CEMETERY OR CREMATORIUM Asbury Cemetery		23d. LOCATION (City or Town) RFD #1	(County) Princess Anne, Somerset
24. FUNERAL DIRECTOR <i>James L. Skinner</i>		ADDRESS Princess Anne, Md.	25a. REC'D. BY REGISTRAR DATE JUN 26 1969		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201FOR STATE
HEALTH DERT.

08967

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08959



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. If in Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1 DECEASED NAME (Type or Print)		First	Middle	Last	2d. DATE KNOWN OF ESTI- MATED	Month	Day	Year	2b. HOUR		
		Alexander	None	Maddox	<input checked="" type="checkbox"/>	6	27	69	11P.M.		
3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years month(s))	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	2c. DATE PRONOUNCED DEAD Month Day Year			2d. HOUR		
Male	Col	May 25	58 yrs			6	27	69 19	2A.M.		
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> W DOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH					
Somerset		USA				Somerset			Md.		
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)			12b. KIND OF BUSINESS OR INDUSTRY				
UpperHill				Laborer			Seafood				
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS			13e. STREET AND NUMBER				
Md		Somerset		Upper Hill			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
4. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME			First	Middle	Last	
Ho ward				Maddox	Susan					Waters	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16b. SOCIAL SECURITY NO. (If yes give war or dates of service)		17. INFORMANT			ADDRESS				
no				Berline Cooper, UpperHill, Md.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH minutes	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Gun shot wound									
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		DUE TO, OR AS A CONSEQUENCE OF (b)									
		DUE TO, OR AS A CONSEQUENCE OF (c)									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAMED DISEASE OR CONDITION GIVEN IN PART 1(a)											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED					20. AUTOPSY?				
							YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. EXTERNAL CAUSE WAS PR. MARY <input checked="" type="checkbox"/> FOR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day Year HOUR A.M. 11 P.M. 7-27-69		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b) Was shot by wife in left chest							
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Home		21f. LOCATION Street or R.F.D. No. City or Town County State							
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Undetermined manner <input type="checkbox"/>											
ACTUAL SIGNATURE		EXAMINER'S NAME (Type)		MD			CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ADDRESS (Street, city, town, or county)			22b. DATE SIGNED 6-30-69 Somerset	
23a. BURIAL, CREMATION, REMOVAL. (Specify)		23b. DATE Burial 7-5-69		23c. NAME OF CEMETERY OR CREMATORIAL Centnnial			23d. LOCATION (City or Town) (County) (State) Fairmount, Somerset				
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGISTRAR DATE JUL 3 1969			25b. REGISTRAR'S SIGNATURE Charles Judge				
Anthony Ward, Crisfield, Md.											



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08960

1 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First <i>William</i>	Middle <i>Monroe</i>	Lost	2a. DATE OF DEATH Month <i>6</i> Day <i>17</i> Year <i>69</i>	2b. HOUR <i>M</i>
3. SEX <i>M</i>	4. RACE <i>Negro</i>	S. DATE OF BIRTH <i>5/31/1894</i>	6. AGE (In years lost birthday) <i>75</i> YRS.	F. UNDER 1 YEAR MONTHS <i>0</i> DAYS <i>0</i>	IF UNDER 24 HRS. HOURS <i>0</i> MIN. <i>0</i>
7a. BIRTHPLACE (State or foreign country) <i>Md.</i>	7b. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH <i>Somerset</i>		
10. CITY OR TOWN OF DEATH <i>Manskin</i>	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <i>AT Home</i>	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) <i>Laborer</i>			12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution- Residence before admission) STATE <i>Md.</i>	13b. COUNTY <i>Somerset</i>	13c. CITY OR TOWN <i>Manskin</i>	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER <i>Burnt</i>	
14. FATHER'S NAME First <i>Charles</i>	Middle <i>Monroe Sr.</i>	15. MOTHER'S MAIDEN NAME First <i>Milky Johnson</i>	Middle	Last	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown <i>No</i>	16b. SOCIAL SECURITY NO <i>212-12-0143</i>	17. INFORMANT <i>Rosebud Harris</i>	Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) <i>Chronic myocorditis</i> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c)					
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>4 years</i>					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)					
19a. MEDICAL CERTIFICATION	19b. DATE OF OPERATION	19c. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY Hour A.M. <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year P.M. <input type="checkbox"/> 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <i>Oct 15th, 1962</i> , to <i>June 17, 1969</i> , that (I) (we) last saw the deceased alive on <i>June 7, 1969</i> and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <i>Eldon G. M. Markman</i>	DEGREE <i>Princess Anne Md.</i>	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type) <i>Eldon G. Markman</i>	22e. ADDRESS <i>Princess Anne Md.</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>6/21/69</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>Centennial</i>	23d. LOCATION (City or Town) <i>Fairmount</i>	(County) <i>Md.</i>	(State)
24. FUNERAL DIRECTOR <i>Anthony E. Ward Cremated Md.</i>	ADDRESS <i>Anthony E. Ward Cremated Md.</i>	25a. REC'D. BY REGISTRAR DATE <i>JUN 24 1969</i>	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		



FOR STATE
HEALTH DEPT.

Any delay is
necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to
the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS Page
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08969

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08961

1 DECEASED NAME (Type or Print)			First JOHN	Middle	Last PARKER	2a DATE KNOWN <input checked="" type="checkbox"/> Month June Day 29 Year 1969 DEATH ESTI- MATED	12 HOUR P.M.	
3 SEX Male	4 RACE Negro	S. DATE OF BIRTH 3/21/1894	6 AGE (in years last birthday) 75 yrs	F UNDER 1 YEAR MONTHS	IF UNDER 24 HRS DAYS HOURS Min	2c. DATE PRONOUNCED DEAD Month June Day 29 Year 1969	12 HOUR P.M.	
7a BIRTHPLACE (State or foreign country) Virginia		7b CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Somerset		
10 CITY OR TOWN OF DEATH Crisfield			11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) DOA McCready Memo. Hosp.			12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Laborer		
13a USLA. RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Md.			13b COUNTY Somerset Crisfield			13d INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e STREET AND NUMBER 209 N. 4th Street	
14 FATHER'S NAME First John			Middle	Last	15 MOTHER'S MAIDEN NAME First Ada	Middle	Last Drummond	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16b. SOCIAL SECURITY NO (If yes give war or dates of service) 212-16-1098			17. INFORMANT Blancia Cottman		
N ADDRESS N 4th Street Crisfield, Md.								
IB CAUSE OF DEATH (Enter on one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO, OR AS A CONSEQUENCE OF 185X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last } (b) Carcinoma, prostate, with metastasis DUE TO, OR AS A CONSEQUENCE OF to lung. (c)								
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 hr.								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b)			
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town	County	State
22a I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>								
ACTUAL SIGNATURE C. G. Rawley		CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ADDRESS (Street, city, town, or county) Crisfield, Md.						
23d. BURIAL, CREMATION, REMOVAL. (Specify) Burial		23b. DATE 7/3/69	23c. NAME OF CEMETERY OR CREMATORIUM Asbury Cemetery		23d. LOCATION (City or Town) Crisfield			(County) Son. (State) Md.
24. FUNERAL DIRECTOR Anthony E. Ward		ADDRESS Crisfield, Md.		25a. REC'D. BY REGISTRAR DATE JUL 7 1969		25b. REGISTRAR'S SIGNATURE J. Charles Judge		



FOR STATE
HEALTH DEPT.

Any delay is
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08970

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08962

1. DECEASED - NAME (Type or Print)			First	Middle	Last	2a. DATE KNOWN <input checked="" type="checkbox"/> MONTH OF ESTI- MATED DEATH	Month	Day	Year	2b. HOUR	
			JULIA	MARGURITE	PAYNE		June	28	1969	3 P.M.	
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS DAYS	7c. DATE PRONOUNCED DEAD Month	June	Day	Year	2d. HOUR 24 HOUR 10 P.M.	
Female	White	Dec. 2, 1920	48 YRS			2c. DATE PRONOUNCED DEAD Month	June	28	1969	10 P.M.	
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH					
Virginia		USA				Somerset				Md.	
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)			12b. KIND OF BUSINESS OR INDUSTRY		
Crisfield			302 Pine St.			Clerk			Retail		
13a. USUAL RESIDENCE (Where deceased resided, if institution: Residence before admission)			13b. CITY OR TOWN		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER				
Maryland			Somerset		Crisfield		302 Pine St.				
14. FATHER'S NAME			First	Middle	Last	15. MOTHER'S MAIDEN NAME			First	Middle	Last
			Ross	-	Payne				Maggie	-	Dise
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16b. SOCIAL SECURITY NO. (If yes, give year or dates of service)			17. INFORMANT			ADDRESS		
No			None			Mrs. Maggie Payne, Same as 13. abcde					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Accidental drowning APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes											
1109 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) Epilepsy Years											
DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c)											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
19a. MEDICAL CERTIFICATION			19b. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month, Day Year HOUR & MIN: 3 P.M. 6/28/1969			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) Accidental drowning					
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> AT WORK			21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Home			21f. LOCATION Street or R.F.D. No 302 Pine St.			City or Town	County	State
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>											
ACTUAL SIGNATURE C. G. Rawley											
EXAMINER'S NAME (Type)			C. G. Rawley, M. D.			CHIEF MEDICAL EXAMINER <input type="checkbox"/>			22b. DATE SIGNED 7/1/69		
						M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>					
						DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>					
						ADDRESS (Street, city, town, or county)			Crisfield, Md.		
23a. BURIAL, CREMATION REMOVAL (Specify)			23b. DATE July 1, 1969			23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery			23d. LOCATION (City or Town) (County) (State) Crisfield, Somerset, Md.		
Burial											
24. FUNERAL DIRECTOR			ADDRESS Bradshaw & Sons, Crisfield, Md. 21817			25a. RECD BY REGISTRAR DATE JUL 7 1969			25b. REGISTRAR'S SIGNATURE Charles Judge		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1
08971

08963

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
 Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)		First Fannie	Middle L.	Last Tilghman	2a. DATE OF DEATH Month 6	Day 6	Year 69	26. HOUR 10:50 P.M.					
3. SEX Female		4 RACE Negro		5. DATE OF BIRTH 07/20/93		6. AGE (In years last birthday) 75 YRS		F UNDER 1 YEAR MONTHS DAYS HOURS MIN					
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Somerset		Md					
10. CITY OR TOWN OF DEATH Crisfield		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Alice B. Tawes N.H.				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)			12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Maryland		13b. COUNTY Somerset		13c. CITY OR TOWN Upper Hill		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER Rural					
14. FATHER'S NAME First John		Middle Turpin	Last Annie Maddox	15. MOTHER'S MAIDEN NAME First Mary Whitler		Address Upper Hill, Md.							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown? (If yes give war or dates of service) No										16b. SOCIAL SECURITY NO. 220-01-5216	17. INFORMANT Mary Whitler	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 1978 Mort. carcinoma of liver													
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b), DUE TO, OR AS A CONSEQUENCE OF lost. (c)													
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) chronic Alcoholism													
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)									
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County	State				
22a. I certify that (I) (This hospital) attended the deceased from July 1968 , to 6-6, 1969 , that (I) (we) last saw the deceased alive on 6-6, 1969 , and that in my (our) opinion death occurred on the date and hour and from the causes stated above (I) (we) (did) (did not) view the body after death.										22b. SIGNATURE James A. Sterling			
22d. PHYSICIAN'S NAME (Type) James A. Sterling		DEGREE ATTENDING PHYS.	22e. ADDRESS Crisfield, Maryland	22f. DATE SIGNED 6-9-69									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/14/69	23c. NAME OF CEMETERY OR CREMATORIAL St. Andrews		23d. LOCATION (City or Town) Upper Hill		(County) md.		(State)				
24. FUNERAL DIRECTOR Anthony E. Ward Crisfield MD		ADDRESS		25. READ BY REGISTRAR DATE JUN 11 1969		25e. REGISTRAR'S SIGNATURE Anthony E. Ward							



Item 11 Film G-14
7/14/69 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08972

**MARYLAND STATE DEPARTMENT OF HEALTH
MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

08964

**FOR STATE
HEALTH DEPT.**

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Item 3 to the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED NAME (Type or Print)		First	Middle	Last	2a. DATE KNOWN OF ESTI- MATED	Month	Day	Year	2b. HOUR	
		Willie	A.	Tilghman	<input type="checkbox"/>	6-29	69	?	M	
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN	2c. DATE PRONOUNCED DEAD			2d. HOUR	
Male	col	5-17-23	46 yrs.			Month	Day	Year	8 A.M.	
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH				
Maryland		U.S.A.				Somerset			Md.	
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY		
Princess Anne		128 Hampton Avenue			Chicken Factory			Labor		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER				
Md.		Somerset		YES <input type="checkbox"/> NO <input type="checkbox"/>		Beckford Ave.				
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle	Last		
		Thomas		Lankford	Sarah			Tilghman		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16b. SOCIAL SECURITY NO. (If yes give war or dates of service)		17. INFORMANT		ADDRESS				
		214-18-4717		Elvin Christy		Chester Pa.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Alcoholism										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH hours
3039 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____ DUE TO, OR AS A CONSEQUENCE OF										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY?					
					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town		County	State	
22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>										
ACTUAL SIGNATURE <i>Everett Sutter</i> M.D.										CHIEF MEDICAL EXAMINER <input type="checkbox"/>
EXAMINER'S NAME (Type) Everett Sutter MD										ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial										DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>
23b. DATE 7-5-69		23c. NAME OF CEMETERY OR CREMATORIUM John Wesley			23d. LOCATION (City or Town) (County) (State)		22b. DATE SIGNED 6-30-69			
24. FUNERAL DIRECTOR William H James Jr, Princess Anne, Md.		ADDRESS			25a. REC'D BY REGISTRAR DATE JUL 3 1969		25b. REGISTRAR'S SIGNATURE <i>Charles George</i>			

W. L. G. - 1965

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08973

08965

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First Major	Middle C.	Last Todd, Jr.	2a. DATE OF DEATH Month June	Doy 19	Year 1969	2b. HOUR 11:06 AM
3. SEX Male	4. RACE White	5. DATE OF BIRTH Oct. 9, 1899			6. AGE (In years last birthday) 69	IF UNDER 1 YEAR MONTHS YRS.	IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED	9. COUNTY OF DEATH Somerset				
10. CITY OR TOWN OF DEATH Crisfield	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) McCready Hospital			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Waterman			12b. KIND OF BUSINESS OR INDUSTRY Seafood
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Somerset	13c. CITY OR TOWN Crisfield	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13e. STREET AND NUMBER 36 Maryland Ave.			
14. FATHER'S NAME First Major	Middle C.	Last Todd, Sr.	15. MOTHER'S MAIDEN NAME First Elizabeth	Middle -	Last Webster		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> No, or unknown None	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 214-32-7277	17. INFORMANT Mrs. Emma Parks Todd, Same as 13. abcde			Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying cause</u> 400.2 (b) Malignant Hypertension DUE TO, OR AS A CONSEQUENCE OF (c)							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Carcinoma of prostate - operation 10 yrs ago							
19a. MEDICAL CERTIFICATION DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			19c. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town		County	State	
22a. I certify that (I) (this hospital) attended the deceased from June 19, 1969 , to June 19, 1969 , that (I) (we) last saw the deceased alive on June 19, 1969 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) did (did not) view the body after death.							
22b. SIGNATURE Sarah M. Peyton	22c. DEGREE B.S. DEGREE	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22d. DATE SIGNED 6/21/69		
22d. PHYSICIAN'S NAME (Type) SARAH M. PEYTON	22e. ADDRESS Crisfield, Md.						
23a. BURIAL, CREMATION, BURIAL (Specify) Burial	23b. DATE June 22, 1969	23c. NAME OF CEMETERY OR CREMATORIUM Sunnyridge Cemetery	23d. LOCATION (City or Town) Crisfield, Somerset, Md.			(County)	(State)
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. 21817	ADDRESS			25a. REC'D BY REGISTRAR JUN 26 1969	25b. REGISTRAR'S SIGNATURE Charles Judge		

6700